PAGE 1 / 52

Image# 201601299004735043

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	or Other Than	An Authorized	I Committee			Office Use On	ly
NAME OF COMMITTEE (in full)	TYPE OR PRINT		mple: If typing, t	type	12FE4M5		
Healthcare Freedom F	und						
ADDRESS (number and street)	PO Box 2485						
Check if different than previously reported. (ACC)	Springfield				VA	22152	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		;	STATE 🛦	ZIP	CODE A
C C00528414		3. IS THIS REPORT	× NEW	OR	AN (A)	MENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q	(c) 12-Day PRE-E Report	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) y Election t for the:	Jun Jul 2 Primary (12P) Convention (12C	20 (M5) 20 (M6) 20 (M7)	Sep		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
X January 31 Year-End Report (Yi July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(d) 30-Day	Election on y -Election t for the:	General (30G)	- D /	Runoff (3	BOR) in the	Special (30S)
5. Covering Period 07	01	2015	through	M M 12	31	2015	Y
I certify that I have examined thi Type or Print Name of Treasurer	·	he best of my kno	wledge and belie	ef it is tru	ue, correct and	d complete.	
Signature of Treasurer Joe G	randy		[Electronically File	ed] [Date 01	/ 29	2016
NOTE: Submission of false, errone	ous, or incomplete	information may su	bject the person	signing th	nis Report to the	ne penalties of	2 U.S.C. §437g.
Office Use Only						I	ORM 3X 2/2004

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Healthcare Freedom Fund 07 2015 2015 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 76244.44 January 1, 2015 (b) Cash on Hand at 94015.85 Beginning of Reporting Period..... 262600.00 112750.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 206765.85 338844.44 6(a) and 6(c) for Column B)..... 171476.63 303555.22 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 35289.22 35289.22 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Healthcare Freedom Fund

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	Total Time Total	Calcinaal Four to Date
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	31250.00	48100.00
,		
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	31250.00	48100.00
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	81500.00	214500.00
(such as PACs)	7 7	214500.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	112750.00	262600.00
Totals to Line 33, page 5) Transfers From Affiliated/Other	112700.00	7
Party Committees	0.00	0.00
Faity Committees	0.00	0.00
All Loans Received	0.00	0.00
7.11 25416 116561164	7	7
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	7	7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	112750.00	262600.00
Total Federal Receipts	440750.00	202222.25
(subtract Line 18(c) from Line 19)▶	112750.00	262600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period				
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calendar Year-to-Date			
Activity (from Schedule H4) (i) Federal Share	0.00	0.00			
(i) Federal Share					
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	07070 00	400755 00			
Expenditures	67876.63	100755.22			
(add 21(a)(i), (a)(ii), and (b))▶	67876.63	100755.22			
. Transfers to Affiliated/Other Party					
CommitteesContributions to	0.00	0.00			
Federal Candidates/Committees and Other Political Committees	93600.00	192800.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	10000.00	10000.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	10000.00	10000.00			
. Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
(from Schedule H6) (i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	171476.63	303555.22			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	171476.63	303555.22			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	112750.00	262600.00
4. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	102750.00	252600.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	67876.63	100755.22
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	67876.63	100755.22

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

		_	MBER: PAGE			PAGE 6 OF				
(che	ck only	or	ne)							
X	11a		11b		11c		12	!		
	13		14		15		16	;		17

ITEMIZED RECEIPTS for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) James M. Gregory Date of Receipt Mailing Address 339 Roscommon Drive 03 2015 City State Zip Code Transaction ID: SA11AI.4899 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Name of Employer Occupation SJ Investments Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joan P. Gregory Date of Receipt Mailing Address 105 Carisil Road 08 03 2015 City State Zip Code Transaction ID: SA11AI.4897 TN **Bristol** 37620 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Homemaker Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** John M. Gregory Date of Receipt Mailing Address 105 Carisil Road 03 2015 80 City State Zip Code Transaction ID: SA11AI.4895 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing C 10000.00 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 10000.00 Other (specify) 25000.00 SUBTOTAL of Receipts This Page (optional).....

9

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

52

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) Marsha Gregory Date of Receipt Mailing Address 339 Roscommon Drive 80 2015 0.3 City Zip Code State Transaction ID: SA11AI.4901 TN Bristol 37620 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Homemaker Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter J. Gunas III Date of Receipt Mailing Address 2105 S. Randolph Street 08 03 2015 City State Zip Code Transaction ID: SA11AI.4903 VA Arlington 22204 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Investment Company Institute Gov. Affairs Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Travis Parham Date of Receipt Mailing Address 2048 Breckenridge Drive 07 24 2015 City Zip Code State Transaction ID: SA11AI.4891 TN Mount Juliet 37122 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Waller Lansden Dortch & Davis, LLP Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 5750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 8 OF 52

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l	for each category of the Detailed Summary Page		×	11a		11b		11c		12	
	., ., .,			13		14		15		16	17
_	by not be cold or used by any percentage the numbers of coliciting contributions										

	Statements may not be sold or used by any personal he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial) Steven C. Rodger		Date of Receipt
Mailing Address 44 Harbor Drive		10 27 2015
City Greenwich	State Zip Code CT 06830-7018	Transaction ID : SA11AI.4946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Equinox Capital	Occupation Founder	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	or East Flooript tills I ellou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110-110-110-110-110-110-110-110-110-110
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	<u>^</u> _	31250.00

2011EDIII E.A. /EEO E 23/			ı
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 52 (check only one)
TEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	11a 11b X 11c 12
A			13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	name and a	ay not be sold or used by any ped ddress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Healthcare Freedom Fund			
Full Name (Last, First, Middle Initial) A. ABBVIE POLITICAL ACTION COMMIT	TEE		Date of Receipt
Mailing Address 1 N. WAUKEGAN ROAD			M = M / D = D / Y = Y = Y
C:h.	Ctata	7:- Code	11 30 2015
City NORTH CHICAGO	State IL	Zip Code 60064	Transaction ID : SA11C.4963 Amount of Each Receipt this Period
FEC ID number of contributing	C 000	2500570	1000.00
federal political committee.	C co	0536573	1000.00
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	00 0		
Other (specify) ▼		2000.00	
Full Name (Last, First, Middle Initial)	/ DOLUTIO	AL ACTION COMMITTEE	
3. AMERICAN COLLEGE OF CARDIOLOGY	POLITICA	AL ACTION COMMITTEE	Date of Receipt
Mailing Address 2400 N ST NW			12 28 2015
City	State	Zip Code	Transaction ID : SA11C.4971
WASHINGTON	DC	20037	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0375360	5000.00
·			
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	33 13 111		
Other (specify) ▼		5000.00	
Full Name (Last, First, Middle Initial) AMERICAN HOTEL AND LODGING ASSOCIATION PO	LITICAL ACTI	ON COMMITTEE ('HOTELPAC')	Date of Descipt
Mailing Address 1250 I STREET, NW #1100		,	Date of Receipt
Walling Address 1250 STREET, NW #1100			11 23 2015
City	State	Zip Code	Transaction ID : SA11C.4955
WASHINGTON	DC	20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0001198	2500.00
Name of Employer	Occupation		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		5000.00	
Other (specify) ▼		5000.00	
L			
SUBTOTAL of Receipts This Page (optional)		······	8500.00

CHEDITE A (FEC Form OV)											
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 52 (check only one)								
TEMIZED RECEIPTS		for each category of the									
		Detailed Summary Page	11a 11b X 11c 12								
			13 14 15 16 17								
Any information copied from such Reports and S or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial) AMERICAN SOCIETY OF ANESTHESIOL	OGISTS PO	DITICAL ACTION COMMITTEE	Date of Receipt								
Mailing Address 1061 AMERICAN LANE			M = M / D = D / Y = Y = Y								
			12 23 2015								
City	State	Zip Code	Transaction ID : SA11C.4967								
SCHAUMBURG	IL .	60173	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C co	0255752	4000.00								
Name of Employer	Occupation	1									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	00 0										
Other (specify)		5000.00									
Full Name (Last, First, Middle Initial)											
3. AMERIPRISE FINANCIAL INC. POLITICAL		DMMITTEE (AMERIPRISEPAC)	Date of Receipt								
Mailing Address 101 CONSTITUTION AVENU SUITE 912 WEST			08 03 2015								
City	State	Zip Code	Transaction ID : SA11C.4907								
WASHINGTON	DC	20001	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C C00	0414474	2000.00								
Name of Employer	Occupation	1									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	riggrogato	Total to Bate V									
Other (specify) ▼		2000.00									
Full Name (Last, First, Middle Initial) C. AMGEN INC. POLITICAL ACTION	N COMMI	TTEE	Date of Receipt								
Mailing Address 601 13TH STREET, NW			M = M / D = D / Y = Y = Y								
12TH FLOOR	04-4-	7:- Oada	08 18 2015								
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.4913 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.		0251876	1000.00								
Name of Employer	Occupation	1									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General	75 0										
Other (specify)		1000.00									
			7000 00								
SUBTOTAL of Receipts This Page (optional)		·····	7000.00								

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 OF 52 (check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17									
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)											
\rangle	Healthcare Freedom Fund											
Α.	Full Name (Last, First, Middle Initial) AMGEN INC. POLITICAL ACTION CO	MMITTEE	•	Date of Receipt								
	Mailing Address 601 13TH STREET, NW 12TH FLOOR	State	Zin Codo	09 08 2015								
	City WASHINGTON	DC	Zip Code 20005	Transaction ID : SA11C.4924 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	0251876	1000.00								
	Name of Employer	Occupation										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2000.00									
В.	Full Name (Last, First, Middle Initial) ARGENTUM'S SILVER PAC			Date of Receipt								
	Mailing Address 1650 KING STREET SUITE 602	SUITE 602										
	City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SA11C.4936 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C cod	0338020	5000.00								
	Name of Employer	Occupation										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		5000.00									
	Full Name (Last, First, Middle Initial) ASSOCIATED GENERAL CONTRACTORS OF A	MERICA POL	ITICAL ACTION COMMITTEE	Date of Receipt								
	Mailing Address 2300 WILSON BLVD. SUITE 300			12 28 2015								
	City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SA11C.4969 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee. Name of Employer Occupa		0082917	2500.00								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00									
s	UBTOTAL of Receipts This Page (optional)			8500.00								
Т	OTAL This Period (last page this line number of	only)										

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 12 OF 52								
ITEMIZED RECEIPTS			for each category of the	(check only one)									
			Detailed Summary Page	1 -	11a 13			111C	12		17		
Ar	Any information copied from such Reports and Statements		av not be sold or used by any p	erson						ution			
	for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
$ \rangle$	Healthcare Freedom Fund												
<u>/</u>	Full Name (Last, First, Middle Initial)												
Α.	BIOTECHNOLOGY INNOVATION ORC	SANIZAT	ION PAC (BIO PAC)	_	Date of	f Rece	eipt						
	Mailing Address 1201 MARYLAND AVE, SW				08 07 2015 Transaction ID : SA11C.4909								
	STE. 900	State	Zip Code										
	WASHINGTON	DC	20024						his Peric				
	FEC ID number of contributing				Alloui	t OI L	acii i	receipt t	1113 1 6110	u	—		
	federal political committee.	C C00	0355677		<u></u>	1 9		7	50	00.00	Ш		
	Name of Employer	Occupation	l										
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Primary General	Aggregate	Tear to Bate V										
	Other (specify) ▼		500.00	Ш									
_	Full Name (Last, First, Middle Initial)												
В.	BLOOMIN' BRANDS, INC. POLITICA	L ACTIC	N COMMITTEE	_	Date of	f Rece	eipt						
	Mailing Address 2202 N. WESTSHORE BLVD.				M = M	/	D		2015	- Y			
	5TH FLOOR City	State	Zip Code	\dashv	10 05 2015								
	TAMPA	FL	33607	Transaction ID : SA11C.4934 Amount of Each Receipt this Peri									
	FEC ID number of contributing				Automit of East Floody this Fellou								
	federal political committee.	C coo	0253153			7		7	200	0.00	Ш		
	Name of Employer	Occupation											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33 3 3		ı									
	Other (specify) ▼		3000.00	ч									
_	Full Name (Last, First, Middle Initial) BRYAN CAVE LLP POLITICAL AC	TION CO	OMMITTEE		Date of	f Roce	aint						
Ο.	Mailing Address 1155 F STREET NW	1101101	J.VV 1 L L	\dashv	M = M	_	D =	D / D	/	V			
	SUITE 700				09		30		2015				
	City	State	Zip Code		Trans	sactio	n ID	: SA11C	.4930				
	WASHINGTON	DC	20004	_	Amoun	t of Ea	ach F	Receipt t	his Perio	d			
	FEC ID number of contributing federal political committee. Name of Employer Occup		0332643					,	500	00.00			
	Receipt For:	Aggregate	Year-to-Date ▼	\dashv									
	Primary General Aggrega			1									
	Other (specify) ▼		5000.00	1									
					_	-	-		750	0.00	$\overline{}$		
S	UBTOTAL of Receipts This Page (optional)			-	<u> </u>	- 7			730	0.00	닏		
Т	OTAL This Period (last page this line number on	nly)		•	l i		_						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF 52						
	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
••	LIMIZED REGEN 10		Detailed Summary Page	11a 11b X 11c 12						
<u> </u>				13 14 15 16 17						
	ny information copied from such Reports and State for commercial purposes, other than using the									
\setminus	NAME OF COMMITTEE (In Full)									
	Healthcare Freedom Fund									
Α.	Full Name (Last, First, Middle Initial) BWX TECHNOLOGIES, INC POLITICA	AL ACTIO	N COMMITTEE	Date of Receipt						
•	Mailing Address 2016 MT. ATHOS ROAD			M = M / D = D / Y = Y = Y						
	City	State	Zip Code	10 02 2015						
	City LYNCHBURG	VA	24504	Transaction ID : SA11C.4932						
			1.00.	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0365502	5000.00						
	Name of Employer	Occupation								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		5000.00							
	Other (specify)		7							
— В.	Full Name (Last, First, Middle Initial) CITIGROUP INC. POLITICAL ACTION COMMIT	TEE - FEDE	RAL (CITIGROUP PAC-FEDERAL	Date of Receipt						
٥.	Mailing Address 1101 PENNSYLVANIA AVENU		•	M M / D D / Y Y Y Y						
				08 18 2015						
	City	State	Zip Code	Transaction ID : SA11C.4915						
	WASHINGTON	DC	20004	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0008474	1000.00						
	Name of Employer	Occupation	1							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		1000.00							
	Other (specify) ▼		1000.00							
<u> </u>	Full Name (Last, First, Middle Initial) COZEN O'CONNOR POLITICAL A	CTION (COMMITTEE	Date of Receipt						
	Mailing Address ONE LIBERTY PLACE			M = M / D = D / Y = Y = Y						
	1650 MARKET STREET City	State	Zip Code	10 13 2015 Transaction ID : SA11C.4938						
	PHILADELPHIA	PA	19103	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C co	0312777	1000.00						
	Name of Employer									
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	.33. 334.0								
	Other (specify) ▼		1000.00							
г										
s	UBTOTAL of Receipts This Page (optional)			7000.00						
\vdash										

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 OF 52 (check only one)								
Any information copied from such Reports and S			for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17								
	y information copied from such Reports and S for commercial purposes, other than using the											
\setminus	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial) FC COMPASSUS, LLC PAC (COMPASSUS F			AC)	Date of Receipt								
	Mailing Address 12 CADILLAC DRIVE, STE 36			10 29 2015								
	City BRENTWOOD	State NC	Zip Code 37027	Transaction ID : SA11C.4948 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	0581728	1000.00								
	Name of Employer	Occupation	1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00									
— В.	Full Name (Last, First, Middle Initial) FEDERATION OF AMERICAN HOS	SPITALS F	PAC	Date of Receipt								
٥.	Mailing Address 750 9TH STREET NW SUITE 600	_		11 24 2015								
	City WASHINGTON	State DC	Zip Code 20001	Transaction ID : SA11C.4957 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C cod	0002261	2000.00								
	Name of Employer	Occupation	1									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 2000.00										
<u> —</u>	Full Name (Last, First, Middle Initial) FINANCIAL SERVICES ROUND	TABLE PA	.C	Date of Receipt								
	Mailing Address 600 13TH STREET, N.W. SUITE 400	Chaha	Zip Code	08 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City WASHINGTON	State DC	20005	Transaction ID : SA11C.4905 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee. Name of Employer Occupat		0193177	2000.00								
			1									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00									
s	UBTOTAL of Receipts This Page (optional)			5000.00								
Т	OTAL This Period (last page this line number	only)										

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 52 (check only one) 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		rson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) FMR LLC POLITICAL ACTION COMM Mailing Address 245 SUMMER STREET City BOSTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code MA 02210 C C00380550 Occupation Aggregate Year-to-Date 1500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GLAXOSMITHKLINE LLC PAC (GS Mailing Address FIVE MOORE DRIVE PO BOX 13358 City RES. TRIANGLE PARK FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NC 27709 C C00199703 Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) GROOM LAW GROUP, CHARTERE Mailing Address 1701 PENNSYLVANIA AVENU City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code DC 20006 C C00394775 Occupation Aggregate Year-to-Date 2000.00	Date of Receipt 07
SUBTOTAL of Receipts This Page (optional)		4500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 OF 52 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) I.P.H.F.H.A. INC. POLITICAL ACTION Mailing Address 7829 E. ROCKHILL #201 City WICHITA FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) Other (specify)	COMMITTEE INC. State Zip Code KS 67206 C C00251447 Occupation Aggregate Year-to-Date ▼ 3000.00	Date of Receipt 11 24 2015 Transaction ID: SA11C.4959 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) INDEPENDENT ELECTRICAL CONTR Mailing Address 4401 FORD AVENUE SUITE 1100 City ALEXANDRIA FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code VA 22302 C C00332031 Occupation Aggregate Year-to-Date 1000.00	Date of Receipt O7 21 2015 Transaction ID : SA11C.4887 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) INSURED RETIREMENT INSTITUTE POL Mailing Address 1100 VERMONT AVE. NW 10TH FLOOR City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code DC 20005 C C00490474 Occupation Aggregate Year-to-Date 1000.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		3000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 52 (check only one) 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
Healthcare Freedom Fund							
Full Name (Last, First, Middle Initial) A. MEDNAX, INC. FEDERAL POLITI Mailing Address 1301 CONCORD TERRA		COMMITTEE	Date of Receipt				
City	State	Zip Code	11 09 2015 Transaction ID : SA11C.4954				
SUNRISE	FL	33323	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0469205	2500.00				
Name of Employer	Occupation	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00					
Full Name (Last, First, Middle Initial) B. MERCK & CO., INC., EMPLOYEES PO	MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)						
Mailing Address 601 PENNSYLVANIA AVI NORTH BUILDING, SUIT	1,1 23 / Y 2 Y 2 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3 Y 3						
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : SA11C.4956 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0097485	2500.00				
Name of Employer	Occupation	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00					
Full Name (Last, First, Middle Initial) C. NATIONAL ACTION COMMIT	TEE (NACPA	AC)	Date of Receipt				
Mailing Address 3389 SHERIDAN ST.			10 14 _ 2015 _				
#424 City HOLLYWOOD	State FL	Zip Code 33021	Transaction ID : SA11C.4940 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C co	0147983	1000.00				
Name of Employer	Occupation	1					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional	l)		6000.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 OF 52 (check only one) 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			erson for the purpose of soliciting contributions
Healthcare Freedom Fund			
Full Name (Last, First, Middle Initial) NATIONAL ASSOCIATION OF HEA Mailing Address 1212 NEW YORK AVE NW SUITE 1100 City WASHINGTON	State	Zip Code 20005	Date of Receipt 11 24 2015 Transaction ID : SA11C.4961
FEC ID number of contributing federal political committee.		0283135	Amount of Each Receipt this Period
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION Mailing Address 3 BETHESDA METRO CENTRACTORS SUITE 1100		ACTION COMMITTEE (NECAPAC)	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City BETHESDA FEC ID number of contributing federal political committee.	State MD	Zip Code 20814 0113811	Transaction ID : SA11C.4919 Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) NATIONAL RETAIL FEDERATIO Mailing Address 1101 NEW YORK AVENUE, SUITE 1200 City WASHINGTON		Zip Code 20005	Date of Receipt 07 21 2015 Transaction ID: SA11C.4889 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	0040329	1000.00
Name of Employer	Occupation	1	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			7000.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19 OF 52								
	` ,		Use separate schedule(s)	(check only one)								
Ш	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12								
	Any information copied from such Reports and St		Detailed Suffillary Fage	13 14 15 16 17								
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
	Healthcare Freedom Fund											
Α.	Full Name (Last, First, Middle Initial) PFIZER INC. PAC			Date of Receipt								
	Mailing Address 235 EAST 42ND STREET		08 24 2015									
	City	State	Zip Code	Transaction ID : SA11C.4923								
	NEW YORK NY		10017	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C co	0016683	3000.00								
	Name of Employer	Occupation	1									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		3000.00									
 В.	Full Name (Last, First, Middle Initial) PROFESSIONAL COMPOUNDING CENTERS C	F AMERICA	A POLITICAL ACTION COMMITTE	E Date of Receipt								
	Mailing Address 9901 SOUTH WILCREST DR			10 21 2015								
	City	State	Zip Code	Transaction ID : SA11C.4944								
	HOUSTON	TX	77099	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C C00	0558452	1500.00								
	Name of Employer	Occupation	1									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼	33.73	1500.00									
— С.	Full Name (Last, First, Middle Initial) SECURITIES INDUSTRY AND FINANCIAL MARKETS A	ASSOCIATION	N POLITICAL ACTION COMMITTEE	Date of Receipt								
	Mailing Address 1101 NEW YORK AVENUE, NV 8TH FLOOR	W		08 10 _ 2015 _								
	City	State	Zip Code	Transaction ID : SA11C.4911								
	WASHINGTON	DC	20005	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee. Name of Employer Occupation		0431312	1000.00								
			1									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		1000.00									
5	UBTOTAL of Receipts This Page (optional)			5500.00								
\vdash	- 1											

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 OF 52 (check only one) 11a
Any information copied from such Reports and Stor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund		
Full Name (Last, First, Middle Initial) SELF-INSURANCE INSTITUTE OF AMER Mailing Address 20 F STREET NW SUITE 700 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	ICA, INC. PAC (SELF-INSURANCE PAC State Zip Code DC 20001 C C00457366 Occupation Aggregate Year-to-Date ▼	Date of Receipt 10 21 2015 Transaction ID : SA11C.4942 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) TREE CARE INDUSTRY ASSOCIATION, IN Mailing Address 136 HARVEY ROAD SUITE 10 City LONDONDERRY FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt 10 29 2015 Transaction ID: SA11C.4950 Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) UBS AMERICAS INC. POLITICAL A Mailing Address 677 WASHINGTON BOULEV C/O PER DYRVIK City STAMFORD FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	· · · · · · · · · · · · · · · · · · ·	Date of Receipt 12 07 2015 Transaction ID: SA11C.4965 Amount of Each Receipt this Period 5000.00
SUBTOTAL of Receipts This Page (optional)		8500.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 OF 52 (check only one) 11a 11b X 11c 12 13 14 15 16 17						
	y information copied from such Reports and State for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) Healthcare Freedom Fund									
<u></u> А.	Full Name (Last, First, Middle Initial) VEN-PAC			Date of Receipt						
	Mailing Address PO BOX 83142			08 24 2015						
	City GAITHERSBURG	State MD	Zip Code 20883	Transaction ID : SA11C.4921						
	FEC ID number of contributing federal political committee.		0369660	Amount of Each Receipt this Period 1000.00						
	Name of Employer	Occupation	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
— В.	Full Name (Last, First, Middle Initial) VERIZON COMMUNICATIONS INC. GOOD	GOVERNM	IENT CLUB (VERIZON PAC)	Date of Receipt						
	Mailing Address 1300 I ST NW, STE 400 WEST ATTN: TAYLOR CRAIG			11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.4952 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C coo	0186288	2500.00						
	Name of Employer	Occupation	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00							
	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address			M M / D D / Y Y Y Y						
	City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.		С								
	Name of Employer	Occupation	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
SI	JBTOTAL of Receipts This Page (optional))	3500.00						

81500.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 22 OF						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)						
	Detailed Summary Page	X 21b	22 23	24 25 26					
		27	28a 28b	28c 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
\	ne and address of any point	icai committee to	Solicit Contributions	s nom such commutee.					
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund									
Healthcare Freedom Fund									
Full Name (Last, First, Middle Initial)									
A. American Airlines			Date of Disburse	ement					
Mailing Address 1999 A . O. I. D. I. I.			M M / D						
Mailing Address 4333 Amon Carter Boulevard MD 567			09 2	2015					
-	State Zip Code								
Fort Worth	TX 76155		Transaction ID): SB21B.5035					
Purpose of Disbursement Airfare		in and	<u></u> .						
Candidate Name		002	Amount of Each	Disbursement this Period					
Candidate Name		Category/		678.10					
Office Sought: House Disburser	ment For:	Type	IMEMO ITEM						
Senate	Primary General		[MEMO ITEM]						
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
B. American Airlines			Date of Disburse	ement					
Mailing Address 4333 Amon Carter Boulevard			09 2	23 2015					
MD 567			09 2	2013					
City	State Zip Code		Transaction IF) : SB21B.5101					
Fort Worth	TX 76155		Transaction is	7. 30210.3101					
Purpose of Disbursement Airfare		002	Amount of Each	Disbursement this Period					
Candidate Name			Amount of Lacif	Disbursement this renou					
		Category/ Type		550.20					
Office Sought: House Disburser	ment For:	, , , , , , , , , , , , , , , , , , ,	[MEMO ITEM]	·					
Senate	Primary General		[
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)			Date of Disburse	ament					
C. American Express			M M / D						
Mailing Address PO Box 1270				2015					
,	State Zip Code		Transaction ID) : SB21B.4999					
Newark Purpose of Disbursement	NJ 07101-1270								
Transportation		002	Amount of Each	Disbursement this Period					
Candidate Name		Category/	Amount of Lacif	Disbursement this I chou					
		Type		20.23					
Office Sought: House Disburser									
Senate	Primary General								
State: District:	Other (specify) ▼								
State. District.									
SUBTOTAL of Disbursements This Page (optional)				20.23					
TOTAL This Period (last page this line number only))		L						

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 OF 52									
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 29 30 28a 28b 28c 29 30								
Any information copied from such Reports and Sta or for commercial purposes, other than using the r											
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund											
Full Name (Last, First, Middle Initial)											
^{A.} Amtrak			Date of Disbursement								
Mailing Address 60 Massachusetts Ave NE			06 19 2015								
City Washington	State Zip Code DC 20002		Transaction ID : SB21B.5017								
Purpose of Disbursement Transportation		002	Amount of Each Disbursement this Period								
Candidate Name	'	Category/ Type	184.00								
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼	Турс	[MEMO ITEM]								
State: District:											
Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement								
Mailing Address 60 Massachusetts Ave NE			06 21 2015								
City Washington	State Zip Code DC 20002		Transaction ID : SB21B.5077								
Purpose of Disbursement Transportation		002	Amount of Each Disbursement this Period								
Candidate Name		Category/ Type	395.00								
Office Sought: House Senate President State: Disbur:	sement For: Primary General Other (specify) ▼		[MEMO ITEM]								
Full Name (Last, First, Middle Initial) C. Andrew Jackson's Hermitage			Date of Disbursement								
Mailing Address 4580 Rachels Lane			10 27 2015								
City Hermitage	State Zip Code TN 37076		Transaction ID : SB21B.4993								
Purpose of Disbursement Food & Beverage Candidate Name		003 Category/	Amount of Each Disbursement this Period 3398.49								
Office Sought: House Disburing	sement For: Primary General Other (specify)	Туре									
President	Other (specify) ▼		3398.49								

SCHEDULE B (FEC Form 3X)	Llea constata schodule/e	A I -	FOR LINE NUMBER: PAGE 24 OF 52									
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b	7 one) 22 23 24 25 26 28a 28b 28c 29 30									
Any information copied from such Reports and Sta or for commercial purposes, other than using the r												
NAME OF COMMITTEE (In Full)												
Healthcare Freedom Fund												
Full Name (Last, First, Middle Initial)												
- Bank of America			Date of Disbursement									
Mailing Address PO Box 15019		07 01 2015										
City	State Zip Code		Transaction ID : SB21B.4972									
Wilmington	DE 19886-5019											
Purpose of Disbursement Lodging		002	Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	502.89									
Office Sought: House Disburs Senate President	sement For: Primary General Other (specify)	Турс										
State: District:												
Full Name (Last, First, Middle Initial) - Bank of America Mailing Address PO Box 15019			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City	State Zip Code DE 19886-5019		Transaction ID : SB21B.5000									
Wilmington Purpose of Disbursement	DE 19000-3019											
Lodging & Car Rental		002	Amount of Each Disbursement this Period									
Candidate Name		Category/ Type	1353.30									
Senate President	sement For: Primary General Other (specify) ▼											
State: District: Full Name (Last, First, Middle Initial)												
- BB&T			Date of Disbursement									
Mailing Address 1909 K Street, NW			07 06 7 2015									
City Washington	State Zip Code DC 20006		Transaction ID : SB21B.4973									
Purpose of Disbursement Credit Card Charges (SEE MEMOS)		001	Assessed of Early Disharas and this David									
Candidate Name		Category/	Amount of Each Disbursement this Period 1201.70									
	sement For:	Type	7 7									
Senate President	Primary General Other (specify) ▼											
State: District:												
SUBTOTAL of Disbursements This Page (optional)	·····•	3057.89									
TOTAL This Period (last page this line number or	,		3007.00									

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S	SCHEDULE B (FEC Form 3X)		FOR LINE				NUMBER: PAGE 25 OF 52								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			check	k only	y one)								
					×		22 23					24 25 28c 29			26
_						27	28		28b				29		30b
	y information copied from such Reports and Staten for commercial purposes, other than using the nam														S
\setminus	NAME OF COMMITTEE (In Full)														
$ \rangle$	Healthcare Freedom Fund														
_	Full Name (Last, First, Middle Initial)														
Α.	BB&T						Date	of D	isburs	eme	ent				
	Mailing Address 1909 K Street, NW						0	8		07	/		2015	Y	
	City	State	Zip Code												
	Washington	DC	20006				Tra	nsac	tion II) : 9	SB21	IB.498	82		
	Purpose of Disbursement Credit Card Charges (SEE MEMOS)				001	\neg	Amo	unt o	f Each	Di	sbur	semei	nt this	Perio	od
	Candidate Name			Cat	tegor	2//		-	-	-	-	-	-		
					Гуре	у'			7			,	2605	5.91	
	Office Sought: House Disburser														
	Senate	Primary	General												
	State: District:	Other (spe	city) 🔻												
_	Full Name (Last, First, Middle Initial)														
B.	BB&T						Date	of D	isburs	eme	ent				
	DD&I							М.		D	/	V	Y	V	
	Mailing Address 1909 K Street, NW							9		03			2015		
		State	Zip Code				Tra	nsac	tion II) : S	SB2	1B.49	83		
	Washington	DC	20006												
	Purpose of Disbursement Credit Card Charges (SEE MEMOS)		001					Amount of Each Disbursement this Period							
	Candidate Name				tegor Гуре	ry/	2643.91								
	Office Sought: House Disbursen	nent For:		1,760											
	Senate	Primary	General												
	President	Other (spec	cify) 🔻												
	State: District:														
C	Full Name (Last, First, Middle Initial) BB&T						Date	of D	isburs	eme	ent				
٠.	DDαΙ						M			D		V	YY	V	
	Mailing Address 1909 K Street, NW							0		13			2015		
	City	State	Zip Code				Tre	nooo	tion II		eps:	1D 40	06		
		DC	20006				116	ııısdC	tion II	, . :	JDZ"	ı D.49	UU		
	Purpose of Disbursement Credit Card Charges (SEE MEMOS)				001		Δmo	unt o	f Each	Di	ichur	como	nt this	Pori	od
	Candidate Name			Cat	tegor Type	ry/	Amo	uni o	Laci	וטו	Soul	Seme		7.50	
	Office Sought: House Disburser	nent For:		<u>'</u>	,,,,,	-			7	-		7			_
		Primary	General												
	President	Other (spec	cify) 🔻												
_	State: District:				_							_			
s	UBTOTAL of Disbursements This Page (optional)					•			7			,	5717	.32	
H									-				-		
т	OTAL This Period (last page this line number only)					•			7			,			

SCHEDULE B (FEC Form 3X)	Liea caparata cabadula(a)	FOR LINE NUMBER: PAGE 26 OF 52			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 23 24 25		
	Detailed Suffillary Fage	27	28a 28b 28c 29		
Any information copied from such Reports and State or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)	name and address of any politica	ai committee to	Solicit Continuutions from Such Confiffittee.		
Healthcare Freedom Fund					
Pleatificate Freedom Fund					
Full Name (Last, First, Middle Initial) A. BB&T			Date of Disbursement		
" DD&I			M M / D D / Y Y Y Y		
Mailing Address 1909 K Street, NW			10 23 2015		
City	State Zip Code		Transaction ID : SB21B.4988		
Washington	DC 20006		Transaction ID . 3B2 IB.4900		
Purpose of Disbursement Credit Card Charges (SEE MEMOS)		001	Amount of Each Disbursement this Perio		
Candidate Name		Category/	2012.22		
		Туре	2810.92		
Office Sought: House Disbut	rsement For:				
President	Primary General Other (specify) ▼				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
B- BB&T			Date of Disbursement		
Mailing Address 1909 K Street, NW			10 23 2015		
011	01-1-				
City Washington	State Zip Code DC 20006		Transaction ID : SB21B.4989		
Purpose of Disbursement	20000				
Credit Card Charges (SEE MEMOS)		001	Amount of Each Disbursement this Perio		
Candidate Name		Category/ Type	1339.20		
Office Sought: House Disbut	rsement For:				
Senate	Primary General				
President	Other (specify) ▼				
State: District: Full Name (Last, First, Middle Initial)					
- BB&T			Date of Disbursement		
Mailing Address 1909 K Street, NW			12 14 2015		
City	State 7in Code				
City Washington	State Zip Code DC 20006		Transaction ID : SB21B.5005		
Purpose of Disbursement Credit Card Charges (SEE MEMOS)		001	Amount of Each Disbursement this Perio		
Candidate Name		Category/	793.31		
Office Sought: House Disbut	rsement For:	Туре			
Senate Disbut	Primary General				
President	Other (specify)				
State: District:	V F = 27/ ▼				
SUBTOTAL of Disbursements This Page (optional	al)	·····•	4943.43		
TOTAL This Period (last page this line number o	·				

Use separate schedule(s)					
for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 28a 28b 28c 29			
address or any point	COMMINGE TO	The state of the s			
		Date of Diri			
		Date of Disbursement			
		07 31 2015			
State Zip Code VA 22046		Transaction ID : SB21B.5083			
	002	Amount of Each Disbursement this Peri			
	Category/	7.50			
ement For: Primary General Other (specify)	туре	[MEMO ITEM]			
		Date of Disbursement			
		06 10 2015			
State Zip Code DC 20009		Transaction ID : SB21B.5013			
	003	Amount of Each Disbursement this Peri			
	Category/ Type	330.84			
ment For: Primary General Other (specify) ▼	717-	[MEMO ITEM]			
		Date of Disbursement			
		06 15 2015			
State Zip Code DC 20003		Transaction ID : SB21B.5016			
	003	Amount of Each Disbursement this Peri			
	Category/ Type	724.79			
ment For:	* 1	[MEMO ITEM]			
	State Zip Code VA 22046 State Zip Code VA 22046 Primary General Other (specify) State Zip Code	Use separate schedule(s) for each category of the Detailed Summary Page ements may not be sold or used by any personal process of any political committee to some and address of any political committee to the detailed State State			

Use separate schedule	(a) I	FOR LINE NUMBER: PAGE 28 OF (check only one)			
for each category of the	e Concor only	7 one) 22 23 24 25 2 28a 28b 28c 29 3			
no and address Of any ρΟ	macai committee to	o sonot continuations from such committee.			
		Date of Disbursement			
		07 15 2015			
State Zip Code		Transaction ID : SB21B.5027			
DC 20003					
	003	Amount of Each Disbursement this Period			
	Category/	908.67			
manut Fami	Type				
	I	[MEMO ITEM]			
		Date of Disbursement			
		08 25 2015			
State Zip Code		Taranasilar ID ODOAD 5004			
DC 20003		Transaction ID: SB21B.5031			
	003	Amount of Each Disbursement this Period			
	Category/ Type	1937.10			
	ı	[MEMO ITEM]			
		Date of Disbursement			
		09 15 2015			
State Zip Code DC 20003		Transaction ID : SB21B.5034			
	003				
	Category/	Amount of Each Disbursement this Period 67.50			
		[MEMO ITEM]			
	for each category of the Detailed Summary Pages Imments may not be sold or me and address of any position of the position of t	for each category of the Detailed Summary Page ments may not be sold or used by any pers me and address of any political committee to the detailed State State			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 29 OF 52
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and address of any politic	S. Sommer to	Solicit Gorial Data (III)	S. S. Sast Committee.
Full Name (Last, First, Middle Initial)			Date of Disburs	ement
A. Capitol Hill Club				ement
Mailing Address 300 1st Street SE			10	15 2015
City Washington	State Zip Code DC 20003		Transaction II	D : SB21B.5037
Purpose of Disbursement	20003			
Food & Beverage		003	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type	40	582.82
Office Sought: House Disburs	ement For: Primary General Other (specify)	75-	[MEMO ITEM]	,
Full Name (Last, First, Middle Initial)				
B. Card Services			Date of Disburs	
Mailing Address PO Box 13337				23 2015
City Philadelphia Purpose of Disbursement	State Zip Code PA 19101		Transaction II	D : SB21B.4985
Airfare		002	Amount of Each	n Disbursement this Period
Candidate Name		Category/ Type	7	550.20
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Card Services			Date of Disburs	ement
Mailing Address PO Box 13337				01 2015
City Philadelphia	State Zip Code PA 19101		Transaction II	D : SB21B.5002
Purpose of Disbursement Food & Beverage				
Candidate Name		003 Category/ Type	Amount of Each	Disbursement this Period 376.00
Senate President	ement For: Primary General Other (specify)	Турс		
State: District:				
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number on				926.20

MBER: PAGE 30 OF 52
22
for the purpose of soliciting contributions solicit contributions from such committee.
non continuone non coon committee.
Date of Disbursement
12 16 2015
Transaction ID : SB21B.5006
Amount of Each Disbursement this Period
386.30
Date of Disbursement
12 08 2015
Transaction ID : SB21B.5110
Amount of Each Disbursement this Period
386.30
[MEMO ITEM]
Date of Disbursement
08 03 2015
Transaction ID : SB21B.4981
Amount of Each Disbursement this Period
951.70
1338.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 31 OF 52
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(CITECK OTTY		
	Detailed Summary Page	X 21b	22 23 28a 28b	24 25 26 30b
A (
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)	,,			
Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)			5	
A. Concentric Office, LLC			Date of Disbursen	
Mailing Address PO Box 2485			10 22	
Maining / Marioso O Box 2400			10 22	2010
- ,	State Zip Code		Transaction ID :	CD24D 4007
Springfield	VA 22152		Transaction ID:	3D21D.4907
Purpose of Disbursement Compliance Services		001	Amount of Fools F	Nichtungsmant this Deviced
Candidate Name		001	Amount of Each L	Disbursement this Period
Candidate Name		Category/ Type		911.95
Office Sought: House Disbursen	nent For:	Турс		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			D . (D:)	
3. Country Music Hall of Fame and M	useum		Date of Disbursen	
Mailing Address 222 5th Ave S			09 08	
ag , tas. eee 222 dill Ave 0			30	
•	State Zip Code		Transaction ID :	SB21B.5032
Nashville Purpose of Disbursement	TN 37203			0
Event Expenses-Deposit		003	Amount of Each D	Disbursement this Period
Candidate Name			Amount of Edon E	plobal definent tine i chea
		Category/ Type		400.00
Office Sought: House Disbursen	nent For:		[MEMO ITEM]	
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent
Country Music Hall of Fame and M	useum			
Mailing Address 222 5th Ave S			10 20	
•	State Zip Code		Transaction ID :	SB21B.5038
Nashville Purpose of Disbursement	TN 37203			
Catering & Entertainment		003	Amount of Each F	Disbursement this Period
Candidate Name		Category/	Amount of Each E	Disbursement this renou
		Type		1550.00
Office Sought: House Disbursen			[MEMO ITEM]	
	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)				911.95

,	for each of Detailed Sents may reand addr			22 28a on for the p solicit con		ement	committe	ee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) Country Music Hall of Fame and Mu Mailing Address 222 5th Ave S City S Nashville Purpose of Disbursement	useum	zess of any politic		Date of	Disburse	ement	committe	ee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) Country Music Hall of Fame and Mu Mailing Address 222 5th Ave S City S Nashville Purpose of Disbursement	useum	Zip Code		Date of	Disburse	ement	Y Y	
Country Music Hall of Fame and Mu Mailing Address 222 5th Ave S City S Nashville Purpose of Disbursement	tate			M = M	/ D	D / Y		V
Mailing Address 222 5th Ave S City S Nashville Purpose of Disbursement	tate			M = M	/ D	D / Y		V
Nashville Purpose of Disbursement							2015	
Purpose of Disbursement	TN	37203		_				_
		37203		Transa	iction ID	: SB21B.50	063	
			003	Amount	of Each	Disburseme	ent this F	eriod
Candidate Name			Category/ Type				393.	.10
	ent For: Primary Other (spec	☐ General		[MEMO	ITEM]			
State: District:		•						
Full Name (Last, First, Middle Initial) Crystal Parking Mailing Address 2231 Crystal Drive				Date of	Disburse		y y 2015	Y
Arlington	tate VA	Zip Code 22202		Transa	action ID	: SB21B.5	085	
Purpose of Disbursement Transportation			002	Amount	of Each	Disburseme	ent this F	eriod
Candidate Name			Category/ Type				8	.00
	ent For: Primary Other (spec	General cify) ▼	71-	[MEMO	ITEM]	,		
Full Name (Last, First, Middle Initial) - DC - Taxi					Disburse			
Mailing Address				04	/ D		2015	Y
•	tate DC	Zip Code		Transa	action ID	: SB21B.50	087	
Transportation Candidate Name			002 Category/	Amount	of Each	Disburseme		
Office Sought: House Disbursem	ent For:	General	Туре	[MEMO	ITEM]	- 7	8.	.09
	Other (spec							
SUBTOTAL of Disbursements This Page (optional)							0.	.00

SCHEDULE B (FEC Form 3X)		FOR LINE N		PAGE 33 OF 52
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	′	
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Annuinformation coming from such Demants and Chaten				
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)				
A. Delta Air Lines, Inc.			Date of Disburseme	ent
Mailing Address P.O. Box 20706			06 15	2015
Mailing Address F.O. Box 20706			00 13	2013
City	State Zip Code		: ID 4	
Atlanta	GA 30320-6001		Transaction ID : \$	3B21B.5015
Purpose of Disbursement Airfare				
Candidate Name		002	Amount of Each Di	sbursement this Period
Candidate Name		Category/		428.10
Office Sought: House Disbursen	nent For:	Туре		
	Primary General		[MEMO ITEM]	
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
3. Doggett Parking			Date of Disburseme	ent
			M M / D D	/ Y Y Y Y Y
Mailing Address 701 9th St NW			03 13	2015
City	State Zip Code			
•	DC 20001		Transaction ID : \$	3B21B.5090
Purpose of Disbursement				
Transportation		002	Amount of Each Di	sbursement this Period
Candidate Name		Category/		17.00
		Туре		17.00
Office Sought: House Disbursen			[MEMO ITEM]	
	Primary General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
Enterprise Rent-A-Car			Date of Disburseme	ent
			M M / D D	/
Mailing Address 1 Terminal Drive			10 25	2015
-				
City S Nashville	State Zip Code TN 37214		Transaction ID:	SB21B.5108
Purpose of Disbursement	37214			
Transportation		002	Amount of Each Di	sbursement this Period
Candidate Name		Category/		
		Type		146.00
Office Sought: House Disbursen			[MEMO ITEM]	
	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SUBTOTAL of Disbursements This Page (optional)				0.00
Opional)				
TOTAL This Period (last page this line number only)				

Use separate schedule	/a\ I	FOR LINE NUMBER: PAGE 34 OF 5			
for each category of the	e (oncor only	one) 22 23 24 25 2 28a 28b 28c 29 3			
me and address of any po	maca committee to	Solicit Commissions from Such Committee.			
		Date of Disbursement			
		06 30 2015			
State Zip Code		Transaction ID : SB21B.5075			
DC 20007		Transaction is . Ob215.3073			
	003	Amount of Each Disbursement this Period			
	Category/	04.70			
	Type	61.70			
	I	[MEMO ITEM]			
		Date of Disbursement			
		06 30 2015			
State Zip Code TX 75024		Transaction ID : SB21B.5073			
	001	Amount of Each Disbursement this Period			
	Category/	86.37			
	1	[MEMO ITEM]			
		Date of Disbursement			
		10 24 2015			
State Zip Code TN 37214		Transaction ID : SB21B.5057			
	003	Assessed of Foods Biolescope and this Books of			
	Category/ Type	Amount of Each Disbursement this Period 35.75			
ement For: Primary Genera	ı	[MEMO ITEM]			
	for each category of the Detailed Summary Pagements may not be sold or one and address of any positive and address of address	Use separate schedule(s) for each category of the Detailed Summary Page ements may not be sold or used by any persume and address of any political committee to general other (specify) State Zip Code DC 20007 Category/ Type ement For: Primary General Other (specify) State Zip Code TX 75024 Category/ Type ement For: Primary General Other (specify) Category/ Type ement For: Primary General Other (specify) Category/ Type ement For: Primary General Other (specify) Category/ Type ement For:			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 OF 5 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and States or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and address of any politic		23.01. 3011.1341.0113	227 5577	
Full Name (Last, First, Middle Initial)			5		
A. Hermitage Golf Course			Date of Disburse		
Mailing Address 3939 Old Hickory Boulevard			10 2		
City Old Hickory	State Zip Code TN 37138		Transaction ID	: SB21B.5059	
Purpose of Disbursement Event Supplies		003	Amount of Each	Disbursement this Period	
Candidate Name		Category/		52.44	
Office Sought: House Disburser Senate President	ment For: Primary General Other (specify)	Туре	[MEMO ITEM]		
State: District:					
Full Name (Last, First, Middle Initial) B. Hermitage Golf Course			Date of Disburse		
Mailing Address 3939 Old Hickory Boulevard			10 2	4 2015	
Old Hickory	State Zip Code TN 37138		Transaction ID	: SB21B.5040	
Purpose of Disbursement Entertainment		003	Amount of Each	Disbursement this Period	
Candidate Name		Category/ Type		327.75	
Office Sought: House Disbursel	ment For: Primary General Other (specify)		[MEMO ITEM]		
Full Name (Last, First, Middle Initial) C. Hermitage Hotel			Date of Disburse		
Mailing Address 231 6th Ave N			10 2		
City Nashville Purpose of Disbursement	State Zip Code TN 37219		Transaction ID	: SB21B.5094	
Lodging Candidate Name		003	Amount of Each	Disbursement this Period	
		Category/ Type		1930.36	
Office Sought: House Senate President State: Disburser	ment For: Primary General Other (specify) ▼		[MEMO ITEM]		
				0.00	

SCHEDULE B (FEC Form 3X)	Has seements of the Co.	FOR LINE	NUMBER: PAGE 36	OF 5
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	22 23 24 25	
Any information copied from such Reports and Stat				
or for commercial purposes, other than using the n	ame and address of any politic	al committee to	solicit contributions from such commi	ittee.
NAME OF COMMITTEE (In Full)				
Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
Hermitage Hotel			M M / D D / Y Y Y	Y
Mailing Address 231 6th Ave N			10 25 2015	
City	State Zip Code		Transaction ID : SB21B.5107	
Nashville	TN 37219			
Purpose of Disbursement Lodging		002	Amount of Each Disbursement this	Period
Candidate Name		Category/	120	07.30
Office Sought: House Disburs	ement For:	Туре		
Senate President	Primary General Other (specify)		[MEMO ITEM]	
State: District:	(-			
Full Name (Last, First, Middle Initial)				
Hertz Rent-A-Car			Date of Disbursement	V
Mailing Address 30 Lodge Street			10 25 2015	- Y
City	State Zip Code		Transaction ID : SB21B.5039	
Albany Purpose of Disbursement	NY 12207			
Transportation		002	Amount of Each Disbursement this	Period
Candidate Name		Category/ Type	29	96.56
Office Sought: House Disburs	ement For:	.,,,,,	[MEMO ITEM]	
Senate	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
· Hertz Rent-A-Car			Date of Disbursement	V
Mailing Address 30 Lodge Street			10 25 2015	
City	State Zip Code		Transaction ID : SB21B.5064	
Albany	NY 12207		11d115dCt(011 ID : 3D21D.3064	
Purpose of Disbursement Transportation		002		
Candidate Name		002 Category/	Amount of Each Disbursement this	
	_	Type	48	32.49
Office Sought: House Disburs Senate	ement For: Primary General		[MEMO ITEM]	
President	Other (specify)			
State: District:	Strict (opcomy) \			
				-
SUBTOTAL of Disbursements This Page (optional))			0.00
TOTAL This Period (last page this line number on	ly)			_

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	PAGE 37 OF 5	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Stator for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	amo and address of any point		Conort Contributions	oddi dominites.
Full Name (Last, First, Middle Initial)			D	
A. House Gift Shop			Date of Disbursen	
Mailing Address Longworth Bldg.			11 09	
City Washington	State Zip Code DC 20515		Transaction ID :	SB21B.5049
Purpose of Disbursement Event Supplies		003	Amount of Each D	Disbursement this Period
Candidate Name		Category/		41.95
Office Sought: House Disburs Senate President	sement For: Primary General Other (specify)	Туре	[MEMO ITEM]	
State: District:				
Full Name (Last, First, Middle Initial) B. House Gift Shop			Date of Disbursen	D / Y Y Y Y Y
Mailing Address Longworth Bldg.			11 19	2015
City Washington	State Zip Code DC 20515		Transaction ID :	: SB21B.5065
Purpose of Disbursement Event Supplies		003	Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type		23.00
Office Sought: Senate President State: Disburs	sement For: Primary General Other (specify) ▼		[MEMO ITEM]	
Full Name (Last, First, Middle Initial) C. Johnny's Half Shell			Date of Disbursen	
Mailing Address 400 North Capitol St NW			07 27	
City Washington Purpose of Disbursement	State Zip Code DC 20001		Transaction ID :	: SB21B.5028
Food & Beverage Candidate Name		003	Amount of Each D	Disbursement this Period
		Category/ Type		150.00
Office Sought: House Disburs	sement For: Primary General Other (specify) ▼		[MEMO ITEM]	
President	Other (specify) ▼			0.1

TEMIZED DISBURSEMENTS for each	Zip Code 20001	wised by any person	22 23 24 25 29 29 on for the purpose of soliciting contribution solicit contributions from such committee. Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Johnny's Half Shell Mailing Address 400 North Capitol St NW City State Washington DC Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President State: District: Full Name (Last, First, Middle Initial) A. Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	Zip Code 20001	003 Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund Full Name (Last, First, Middle Initial) A. Johnny's Half Shell Mailing Address 400 North Capitol St NW City State Washington DC Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	Zip Code 20001	003 Category/	Date of Disbursement M M M / D D / 2015 Transaction ID: SB21B.5030 Amount of Each Disbursement this Peri 556.81 [MEMO ITEM]
Mailing Address 400 North Capitol St NW City State Washington DC Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	20001 General	Category/	Transaction ID: SB21B.5030 Amount of Each Disbursement this Peri 556.81 [MEMO ITEM]
Mailing Address 400 North Capitol St NW City State Washington DC Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President Other (sp State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	20001 General	Category/	Transaction ID: SB21B.5030 Amount of Each Disbursement this Peri 556.81 [MEMO ITEM]
City State Washington DC Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President Other (sp State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	20001 General	Category/	Transaction ID: SB21B.5030 Amount of Each Disbursement this Peri 556.81 [MEMO ITEM]
Washington Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President Other (sp State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	20001 General	Category/	Amount of Each Disbursement this Peri 556.81 [MEMO ITEM]
Purpose of Disbursement Food & Beverage Candidate Name Office Sought: House Senate Primary President Other (sp State: District: Full Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name	General	Category/	556.81 [MEMO ITEM]
Candidate Name Office Sought: House Senate Primary Other (sp. State: District: Other (sp. State: Name (Last, First, Middle Initial) Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name		Category/	556.81 [MEMO ITEM]
Office Sought: House Disbursement For: Senate Primary Other (sp.			[MEMO ITEM]
Senate President Other (sp. State: District: Pull Name (Last, First, Middle Initial) 3. Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name		туре	-
Full Name (Last, First, Middle Initial) 3. Kaegi Resources Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name			
Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name			
Mailing Address 1015 Stonebridge Park Drive City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name		I	
City State Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name			Date of Disbursement
Franklin TN Purpose of Disbursement Fundraising Consulting Candidate Name			11 02 2015
Fundraising Consulting Candidate Name	Zip Code 37069		Transaction ID : SB21B.4996
		003	Amount of Each Disbursement this Peri
Office Sought: House Disbursement For:		Category/ Type	14000.00
Senate Primary President Other (sp	General ecify) ▼		
Full Name (Last, First, Middle Initial) C. Machado & Co.			Date of Disbursement
Mailing Address 6111 Newman Road			11 02 2015
City State Fairfax VA	Zip Code 22030-5918		Transaction ID : SB21B.4994
Purpose of Disbursement Fundraising Consulting & Expenses (SEE MEMOS)		003	Assessed of Foots Bishamous and this Bod
Candidate Name		Category/ Type	Amount of Each Disbursement this Peri 23422.86
Office Sought: House Disbursement For:	General ecify) ▼		
SUBTOTAL of Disbursements This Page (optional)			37422.86

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	PAGE 39 OF 52	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 36
Any information copied from such Reports and St or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	name and address of any politic	Car Sommittee to	CONOR CONTRIBUTIONS I	our communes.
Full Name (Last, First, Middle Initial)			_	
^{A.} Machado & Co.			Date of Disbursem	
Mailing Address 6111 Newman Road			11 02	2015
City Fairfax	State Zip Code VA 22030-5918		Transaction ID :	SB21B.5067
Purpose of Disbursement Fundraising Consulting		003	Amount of Each D	isbursement this Period
Candidate Name		Category/	2 5. 2 5	
Office Cought	record for	Type		22525.00
Office Sought: House Disbute Senate President	rsement For: Primary General Other (specify) ▼		[MEMO ITEM]	
State: District:				
Full Name (Last, First, Middle Initial) B. Machado & Co.			Date of Disbursem	nent
Matter Address			M M / D D	
Mailing Address 6111 Newman Road			11 24	2015
City	State Zip Code		Transaction ID :	SB21B.5001
Fairfax Purpose of Disbursement	VA 22030-5918			
Fundraising Expenses (SEE MEMOS)		003	Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		2741.84
Office Sought: House Senate President State: Disbut	rsement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. Machado & Co.			Date of Disbursem	
Mailing Address 6111 Newman Road			12 01	2015
City Fairfax	State Zip Code VA 22030-5918		Transaction ID :	SB21B.5003
Purpose of Disbursement Fundraising Expenses (SEE MEMOS)		003	Amount of Fools D	iahaanaant thia Daviad
Candidate Name		Category/ Type	Amount of Each D	sisbursement this Period 2561.93
Office Sought: House Senate President State: Disbut	rsement For: Primary General Other (specify)	71		
SUBTOTAL of Disbursements This Page (option.	21)			5303.77
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TOTAL This Period (last page this line number of	only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	le(s) FOR LINE NUMBER: PAGE		
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 23 28a 28b	24 25 29 3
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and addition of any political	. 35	SSINGLE SOLITION OF THE	odon oominitoo.
Full Name (Last, First, Middle Initial)			D . (5::	
A. Machado & Co.			Date of Disburseme	ent
Mailing Address 6111 Newman Road			12 07	2015
,	State Zip Code VA 22030-5918		Transaction ID : S	6B21B.5004
Purpose of Disbursement Fundraising Expenses (SEE MEMOS)		003	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		90.00
	nent For: Primary General Other (specify)	71	,	,
State: District:				
Full Name (Last, First, Middle Initial) B. Margaritaville Island Hotel			Date of Disburseme	ent / Y Y Y Y
Mailing Address 131 The Island Drive			06 28	2015
Pigeon Forge	State Zip Code TN 37863		Transaction ID : S	SB21B.5099
Purpose of Disbursement Lodging		002	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		502.89
	nent For: Primary General Other (specify)		[MEMO ITEM]	
Full Name (Last, First, Middle Initial) C. Mastro's Steakhouse			Date of Disburseme	
Mailing Address 600 13th St NW			10 26	2015
Washington	State Zip Code DC 20005		Transaction ID : S	SB21B.5044
Purpose of Disbursement Food & Beverage Candidate Name		003	Amount of Each Dis	sbursement this Period
Samuale Name		Category/ Type		500.00
	nent For: Primary General Other (specify)		[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			1 1 1	90.00

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only X 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name (Last, First, Middle Initial) A. Mastro's Steakhouse Mailing Address 600 13th St NW			Date of Disbursement 11 03 2015
City Washington Purpose of Disbursement Food & Beverage	State Zip Code DC 20005	003	Transaction ID : SB21B.5056 Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburser		Category/ Type	1481.00
Senate President State: District:	Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. NYC Taxi Mailing Address			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement	State Zip Code NY		Transaction ID : SB21B.5078
Transportation Candidate Name		002 Category/ Type	Amount of Each Disbursement this Period 13.80
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial) C. NYC Taxi			Date of Disbursement
Mailing Address	State 7in Cal-		06 22 2015
Purpose of Disbursement	State Zip Code NY		Transaction ID : SB21B.5019
Transportation Candidate Name		002 Category/ Type	Amount of Each Disbursement this Period 91.22
Office Sought: Senate President State: Disburser Senate President	nent For: Primary General Other (specify)	75-2	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			0.00

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	EDULE B (FEC Form 3X)	Use separate schedule		OR LINE I			PAC	GE 42	OF 52
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	nformation copied from such Reports and Stater commercial purposes, other than using the nan								
\ NA	ealthcare Freedom Fund	7.							
Fu	Il Name (Last, First, Middle Initial)								
A . N	YC Taxi					Disburs			
Ma	ailing Address				06		23 Y	2015	Y
Cit		State Zip Code NY			Trans	action IE) : SB21B.	5021	
	rpose of Disbursement ransportation			002	Amount	of Each	Disbursen	nent this	Period
Ca	ndidate Name			egory/				7	4.64
Ōf	fice Sought: House Disburser Senate President	nent For: Primary General Other (specify)		уре	[MEMO	ITEM]			
Sta	ate: District:	(sp. 13)) V							
	II Name (Last, First, Middle Initial) Opry Mills				Date of	Disburs		TY TY	Y
Ma	ailing Address 433 Opry Mills Drive				10		23	2015	
	y shville rpose of Disbursement	State Zip Code TN 37214			Trans	action II) : SB21B.	5061	
	vent Supplies			003	Amount	of Each	Disbursen	nent this	Period
	ndidate Name			egory/ ype		-,	,	16	5.06
	fice Sought: House Senate President Disburser District:	nent For: Primary ☐ General Other (specify) ▼	I		[MEMO	ITEM]			
	Il Name (Last, First, Middle Initial) arkmobile USA					Disburs			
Ma	ailing Address 3200 Cobb Galleria Parkway Suite 100				M M		D / Y	2015	
	anta	State Zip Code GA 30339			Trans	action II) : SB21B.	5089	
Т	rpose of Disbursement ransporation andidate Name		Cat	002 egory/ ype	Amount	of Each	Disbursen	nent this	Period 2.75
Of	Fice Sought: House Senate President Disburser District:	nent For: Primary General Other (specify)		7.5-	[MEMO	ITEM]	<u> </u>		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I		PAGE 43 OF 52
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	ie and address of any pointe	ar committee to	SOICH COMMISSIONS IN	om such committee.
Full Name (Last, First, Middle Initial) A. Parkmobile USA			Date of Disburseme	ent
			M M / D D	/
Mailing Address 3200 Cobb Galleria Parkway Suite 100			10 27	2015
City	State Zip Code		Transaction ID : S	SR21R 5046
Atlanta Purpose of Disbursement	GA 30339		Transaction is . c	DD2 1B.3040
Transportation		002	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		5.80
Office Sought: House Disbursen	nent For:	Туре	IMEMO ITEMI	3.00
Senate	Primary General Other (specify)		[MEMO ITEM]	
State: District:				
Full Name (Last, First, Middle Initial) B. Parkmobile USA			Date of Disburseme	ent
Mailing Address 3200 Cobb Galleria Parkway Suite 100			11 03	2015
City S Atlanta	State Zip Code GA 30339		Transaction ID : \$	SB21B.5055
Purpose of Disbursement Transportation		002	Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type	7 uniount of Euch Dis	25.00
	nent For: Primary General Other (specify)		[MEMO ITEM]	
Full Name (Last, First, Middle Initial)				
C. Parkmobile USA			Date of Disburseme	ent
Mailing Address 3200 Cobb Galleria Parkway Suite 100			11 04	2015
•	State Zip Code GA 30339		Transaction ID : §	SB21B.5054
Purpose of Disbursement Transportation				
Candidate Name		002 Category/	Amount of Each Dis	sbursement this Period 4.00
	nent For: Primary General Other (specify)	Туре	[MEMO ITEM]	7
SUBTOTAL of Disbursements This Page (optional)				0.00
TOTAL This Period (last page this line number only)				

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.u auul	. Joo or any poll	sommittee	.o gonoit CC			.10111	Sucif			
			10			_			ıı Y	
	Zip Code 22202		Trans	sactio	n ID	: SB2	?1B.50	51		
		002	Amoun	nt of Ea	ach l	Disbu	ırsemei	nt this	Peri	iod
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	Zip Code 10020		Trans	saction	n ID	: SB2	21B.50	23		
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For: ary r (spec	General	, .yvv	[MEM·	O ITEN	VI]					
			06						Y	
	Zip Code 10022		Trans	sactio	n ID	: SB2	21B.50	25		
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For:			[MEMC	O ITEM						
	For: ary For: ary	zip Code 22202 Zip Code 22202 Zip Code 10020 Zip Code 22202 Zip Code 22202 Zip Code 22202	tailed Summary Page 27	may not be sold or used by any person for the d address of any political committee to solicit co Date of the description of	tailed Summary Page 27 28a 2 27 28a 2 28a 2 28a 2 27 28a 2 28a 28a 2 28a 28a 28a 2 28a 28a 28a 28a 2 28a 28a	tailed Summary Page 27 28a 28b 28b 28b 27 28a 28b 28c 28b 27 28a 28b 28c 28c 28c	may not be sold or used by any person for the purpose of solid address of any political committee to solicit contributions from Date of Disbursement Date of Disbursement	tailed Summary Page	tailed Summary Page	may not be sold or used by any person for the purpose of soliciting contribution d address of any political committee to solicit contributions from such committee. Date of Disbursement

Use separate schedule((s) FOR LINE	TYOMBETT.	OF 52
for each category of the	e (oncorron)	7 one) 22 23 24 25 28a 28b 28c 29	3
and address of any pol	micai committee to	, Souch Communions Hom Such Commi	
		06 23 2015	Y
State Zip Code		Transaction ID : SB21B 5068	
NY 10022		Transaction is : GB21B.0000	
	002	Amount of Each Disbursement this	Period
	Category/	0.7	70.26
	Туре	67	0.26
	I	[MEMO ITEM]	
'			
		Date of Disbursement	
		06 22 7 2016	Y
State Zip Code		_ ,,	
NY 10022		Transaction ID : SB21B.5079	
	002	Amount of Fach Disbursement this	Period
	Category/ Type		18.00
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		Date of Disbursement	
		10 25 / 2015	Y
State Zip Code TN 37214		Transaction ID : SB21B.5105	
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	Category/	1	Period 5.73
ement For: Primary		[MEMO ITEM]	
	for each category of the Detailed Summary Pagements may not be sold or one and address of any positive and address of add	for each category of the Detailed Summary Page ments may not be sold or used by any personal address of any political committee to the same and address of any	for each category of the Detailed Summary Page State Zip Code NY 10022

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	PAGE 46 OF 52	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	addition of any polli		2	ozon ozminuot.
Full Name (Last, First, Middle Initial)			B · · · -	
A. Sheraton Nashville Downtown			Date of Disbursen	
Mailing Address 623 Union Street			10 26	
	State Zip Code		Transaction ID :	SR21R 5042
Nashville	TN 37219		เาสแจสนเเบท ID :	JUE 1 D.JU43
Purpose of Disbursement Lodging		002	Amount of Each D	Disbursement this Period
Candidate Name		Category/		924.28
Office Sought: House Disburse	ment For:	Type		324.20
Senate President	ment For: Primary General Other (specify) ▼		[MEMO ITEM]	
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursen	nent
B. Sheraton Nashville Downtown				
Mailing Address 623 Union Street			10 27	
,	State Zip Code		Transaction ID :	SB21B.4991
Nashville Purpose of Disbursement	TN 37219			
Lodging		002	Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type		4706.49
Office Sought: House Senate President State: Disburse	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. Square, Inc.			Date of Disbursen	
Mailing Address 1455 Market Street Suite 600			07 24	
City	State Zip Code		Transaction ID :	SB21B.5097
San Francisco Purpose of Disbursement	CA 94103			
Purpose of Disbursement Transportation		002	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		22.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	,,,,,	[MEMO ITEM]	
SUBTOTAL of Disbursements This Page (optional)		>		4706.49
TOTAL This Period (last page this line number only)			

CHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE	•	OF 5
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	9 31h	7 one) 22 23 24 25 28a 28b 28c 29	2 3
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	me and address of any pol	mioar committee to	, condit continuations from Such commi	Сб.
Full Name (Last, First, Middle Initial)				
- Square, Inc.			Date of Disbursement	
Mailing Address 1455 Market Street Suite 600			09 29 2014	
,	State Zip Code CA 94103		Transaction ID : SB21B.5098	
San Francisco Purpose of Disbursement	CA 94103			
Transportation		002	Amount of Each Disbursement this	Period
Candidate Name		Category/	,	24.00
Office Sought: House Disburse	ment For:	Type		
Senate President	Primary General Other (specify) ▼		[MEMO ITEM]	
State: District:				
Full Name (Last, First, Middle Initial) - Square, Inc.			Date of Disbursement	
Mailing Address 1455 Market Street Suite 600			05 21 2015	Y
City San Francisco	State Zip Code CA 94103		Transaction ID : SB21B.5080	
Purpose of Disbursement Transporation	2 7.00	002	Amount of Each Disbursement this	Period
Candidate Name		Category/ Type		24.00
Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼		[МЕМО ІТЕМ]	
Full Name (Last, First, Middle Initial) - Square, Inc.			Date of Disbursement	
Mailing Address 1455 Market Street Suite 600			11 16 2015	Y
San Francisco	State Zip Code CA 94103		Transaction ID : SB21B.5096	
Purpose of Disbursement Transportation		002	Amount of Each Disbursement this	Period
Candidate Name		Category/ Type		22.00
Office Sought: House Disbursel Senate President	ment For: Primary General Other (specify) \[\begin{array}{cccccccccccccccccccccccccccccccccccc	1	[MEMO ITEM]	

SCHEDULE B (FEC Form 3X)	Llea congreta cohedula	(c) FOR LINE	
FEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	e Chicck only	/ one) 22 23 24 25 22 28a 28b 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund			
Full Name (Last, First, Middle Initial) - Staples			Date of Disbursement
Mailing Address 800 Third Avenue			06 22 / 2015
City New York	State Zip Code NY 10022		Transaction ID : SB21B.5069
Purpose of Disbursement Event Supplies Candidate Name		003	Amount of Each Disbursement this Period
	ment For:	Category/ Type	14.15
Senate President State: District:	Primary Genera Other (specify) ▼	I	[MEMOTIEM]
Full Name (Last, First, Middle Initial) TJ Maxx Mailing Address 3222 M Street NW			Date of Disbursement O6 25 2015
City Washington Purpose of Disbursement	State Zip Code DC 20007		Transaction ID : SB21B.5071
Event Supplies Candidate Name		003 Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary Genera Other (specify) ▼	Type	[MEMO ITEM]
Full Name (Last, First, Middle Initial) Uber			Date of Disbursement
Mailing Address 1455 Market Street 4th Floor			10 24 2015
City San Fracisco Purpose of Disbursement	State Zip Code CA 94103		Transaction ID : SB21B.5102
Transportation Candidate Name		002 Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	Type	[MEMO ITEM]

SCHEDULE B (FEC Form 3X)	Lies consists schedule(s)			PAGE 49 OF 52
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only X 21b	one) 22 23	24 25 26
	Detailed Suffiffiary Page	27	28a 28b	28c 29 30
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NAME OF COMMITTEE (In Full)	ie and address of any pointe	ai committee to	Solicit Contributions	nom such committee.
Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)			Data of Diaburas	mont
A. United States Postal Service			Date of Disburse	
Mailing Address 15 Independence Ave SE			11 09	
,	State Zip Code		Transaction ID	: SB21B.5048
Washington Purpose of Disbursement	DC 20515			
Postage		001	Amount of Each	Disbursement this Period
Candidate Name		Category/		36.17
Office Cought: House Dishurser	ant Fam	Type		30.17
Office Sought: House Disbursen Senate	Primary General		[MEMO ITEM]	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dishamon	
B. US Airways			Date of Disburse	
Mailing Address 4000 E. Sky Harbor Blvd.			05 / 22	
City	State Zip Code		Transaction ID	· SP21P 5012
Phoenix	AZ 85034		Transaction ib	. 36216.3012
Purpose of Disbursement Airfare		002	Amount of Each	Disbursement this Period
Candidate Name		Category/		
		Type		471.10
Office Sought: House Disbursen			[MEMO ITEM]	
	Primary General Other (specify) ▼			
State: District:	Canon (opcony)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disburse	ment
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement				
			Amount of Each	Disbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				0.00
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TOTAL This Period (last page this line number only)				67836.63

FEMIZED DISPUBLIES	Use separate schedule	(s) FOR LINE (check only	NE NUMBER: PAGE 50 OF 52		
TEMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag	e Concor only	22 X 23 24 25 26 28a 28b 28c 29 30		
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NAME OF COMMITTEE (In Full) Healthcare Freedom Fund	and and are on any po	25	23.7. 2.2. 2.2. 2.2. 2.2. 2.2. 2.2. 2.2.		
Full Name (Last, First, Middle Initial)			B		
· NRCC			Date of Disbursement		
Mailing Address 320 FIRST STREET SE			07 27 2015		
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4975		
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Dishard	amont For:	Type	1000.00		
Senate President	ement For: Primary	I			
State: District:	-		_		
Full Name (Last, First, Middle Initial) - NRCC			Date of Disbursement		
Mailing Address 320 FIRST STREET SE			07 27 2015		
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4976		
Purpose of Disbursement Building Fund		011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	33400.00		
Office Sought: House Senate President State: Disburse	ement For: Primary	ı			
Full Name (Last, First, Middle Initial) - NRCC			Date of Disbursement		
Mailing Address 320 FIRST STREET SE			09 17 2015		
City WASHINGTON	State Zip Code DC 20003		Transaction ID : SB23.4984		
Purpose of Disbursement Legal Proceedings Fund		011	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	9200.00		
Office Cought: House Dishures	ement For:	1			
Office Sought: House Senate President State: Disburse	Primary ☐ Genera Other (specify) ▼	·			

SCHEDULE B (FEC Form 3X)	Lies congrete cohedule(s)		PAGE 51 OF 52	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	check only	one) 22 🔀 23	
	Detailed Summary Page	27	28a 28b	28c 29 30
Any information copied from such Reports and States				
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions f	rom such committee.
NAME OF COMMITTEE (In Full) Healthcare Freedom Fund				
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent
A. NRCC			M M / D D	
Mailing Address 320 FIRST STREET SE			12 17	2015
City	State Zip Code			
WASHINGTON	DC 20003		Transaction ID:	SB23.5007
Purpose of Disbursement Legal Proceedings Fund		011	Amount of Each D	isbursement this Period
Candidate Name		Category/	Amount of Lacif D	
		Type		50000.00
Office Sought: House Disburser Senate	ment For: Primary General			
President	Other (specify)			
State: District:	· · · · · ·			
Full Name (Last, First, Middle Initial)			D-14 - (D')	
В.			Date of Disbursem	
Mailing Address			M = M / D = D	/ T = Y = Y = Y
City	State 7in Onda			
City	State Zip Code			
Purpose of Disbursement				.,
Candidate Name			Amount of Each D	isbursement this Period
Saladao Hallo		Category/ Type		
	ment For:			
Senate President	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursem	_
Mailing Address			M M / D D	/
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser	ment For:	. , , , ,		
Senate	Primary General			
State: District:	Other (specify) ▼			
Ciato. District.				
SUBTOTAL of Disbursements This Page (optional)				50000.00
				93600.00
TOTAL This Period (last page this line number only))			93000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 52 OF 52	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)			
	Detailed Summary Page	27	22 23 28b 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Staten			on for the purpose of s		
or for commercial purposes, other than using the nan	ne and address of any politic	al committee to	solicit contributions fro	om such committee.	
NAME OF COMMITTEE (In Full)					
Healthcare Freedom Fund					
Full Name (Last, First, Middle Initial)			Data of Diahamaana	1	
. James M. Gregory			Date of Disbursement		
Mailing Address 339 Roscommon Drive			08 03	2015	
,	State Zip Code		Transaction ID : S	1828A 5008	
Bristol	TN 37620		mansaction ib . c	DZ0A.3000	
Purpose of Disbursement REFUND		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/	5000.00		
Office Sought: House Disburser	and Fam	Type	7	5000.00	
	Primary General				
President	Other (specify) ▼				
State: District:					
Full Name (Last, First, Middle Initial)					
³ · John M. Gregory			Date of Disburseme		
Mailing Address 105 Carisil Road			08 03	2015	
Mailing Address 105 Calisti Road			00 03	2013	
•	State Zip Code		Transaction ID : S	B28A.5009	
Bristol Purpose of Disbursement	TN 37620				
REFUND		011	Amount of Each Dis	sbursement this Period	
Candidate Name		Category/		5000.00	
0.00		Type	7	5000.00	
Office Sought: House Disburser Senate					
President	Primary General Other (specify) ▼				
State: District:	Canon (opcomy)				
Full Name (Last, First, Middle Initial)					
>.			Date of Disburseme		
Mailing Address			M M / D D	/	
City	State Zip Code				
Durage of Dishurs are at	1				
Purpose of Disbursement		· · · ·	Amount of Fook Di	sbursement this Period	
Candidate Name		Category/ Type	Amount of Each Dis	soursement this Period	
Office Sought: House Disburser	nent For:	Type	7	7	
	Primary General				
President	Other (specify) ▼				
State: District:					
				10000.00	
SUBTOTAL of Disbursements This Page (optional)		·····•		10000.00	
TOTAL This Period (last page this line number only)				10000.00	
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